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Docket Number (Optional)

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

02598/000J593-US0

Application Number 09/901,487-Conf. #5179

Filed July 9, 2001

For IMAGE SENSOR MODULE AND METHOD FOR FABRICATING THE SAME

Art Unit	2853
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Examiner	M. S. Brooke
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This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 1,020.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$

☐ Applicant claims small entity status. See 37 CFR 1.27.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to
 Deposit Account Number 04-0100 . I have enclosed a duplicate copy of this sheet.

I am the applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 54,061

☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34

May 23, 2005

Date _____

Raffaele A. DeMarco

Typed or printed name

(212) 527-7696

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

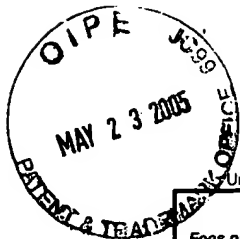
05/26/2005 EFLORES 00000019 09901487

02 FC:1253

1020.00 0P

Express Mail Label No.

Dated: _____



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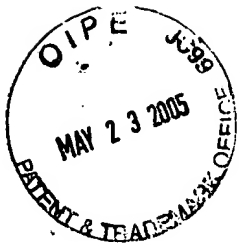
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	09/901,487-Conf. #5179
		Filing Date	July 9, 2001
		First Named Inventor	Ho K. Kim
		Examiner Name	M. S. Brooke
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2853	
TOTAL AMOUNT OF PAYMENT	(\$) 1,810.00	Attorney Docket No.	02598/000J593-US0

METHOD OF PAYMENT (check all that apply)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account	Deposit Account Number: <u>04-0100</u> Deposit Account Name: <u>Darby & Darby P.C.</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
						Small Entity	
						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
5 - 20 =		x	=		Fee (\$) Fee Paid (\$)		
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
1 - 4 =		x	=				
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
- 100 =	/50	(round up to a whole number) x		=			
4. OTHER FEE(S)							
						Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1253 Extension for response within third month						1,020.00	
1801 Request for continued examination (RCE) (see 37 ...						790.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	54,061
Name (Print/Type)	Raffaele A. DeMarco	Telephone	(212) 527-7696
		Date	May 23, 2005

Express Mail Label No.	Dated: _____
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FEE SUMMARY SHEET

Amendment

Date: May 23, 2005
Time: 8:37 PM
Docket: 02598/000J593-US0

Filing Date: July 9, 2001
Application No: 09/901,487
Total Fee: \$ 1,810.00

Code	Amount	37 CFR	Fee Description	Listed on
1253	1,020.00	1.17(a)(3)	Extension for response within third month	Fee Transmittal (PTO SB-17)
1801	790.00	1.17(e)	Request for continued examination (RCE) (see 37 CFR 1.114)	Fee Transmittal (PTO SB-17)